

MSFC EDUCATIONAL PROGRAM - REQUEST FOR LEAVE WITHOUT PAY (LWOP)

Type or print all information and sign the form

Date: _____

TYPE OF PROGRAM:

☐

Associate

☐

Baccalaureate

☐

Graduate

☐

Ph.D

TO:

FROM: (NAME OF STUDENT AND ORGANIZATIONAL SYMBOL)

I REQUEST LWOP IN ORDER THAT I MAY RESUME THE ACADEMIC PHASE OF THE EDUCATION
PROGRAM AT: _____

NAME OF COLLEGE / UNIVERSITY

OFFICIAL EXCHANGE DATE IS: (LAST DAY ON PAYROLL)

MY LAST WORKING DAY WILL BE: (LAST DAY "PHYSICALLY" AT WORK)

SCHEDULE AL

☐

YES

☐

NO

#HOURS

APPROVAL BY SUPERVISOR

☐

YES

☐

NO

MY PLANNED RETURN TO DUTY DATE WILL BE:

MY PROJECTED DATE OF GRADUATION IS:

MY CURRENT MAJOR FIELD OF STUDY IS:

MY LAST WORK SCHEDULE WILL BE:

STUDENT'S SIGNATURE AND DATE:

MY MAJOR FIELD OF STUDY UPON ENTRY INTO THE PROGRAM WAS:

NOTE: STUDENTS MAKE SURE THE INFORMATION YOU PROVIDE CORRESPONDS TO YOUR CURRENT WORK SCHEDULE.

**IF YOU DO NOT PLAN TO CONTINUE IN THE PROGRAM, PLEASE COMPLETE THE FOLLOWING INSTEAD OF THE LWOP
PORTION ABOVE.**

I RESIGN FROM THE EDUCATIONAL PROGRAM EFFECTIVE:

MY REASONS ARE:

MY FORWARDING ADDRESS: (NAME, STREET, CITY, STATE & ZIP CODE)

COMPLETE THIS BLOCK WHETHER RESIGNING OR LWOP.

PHONE NUMBERS: (INCLUDE AREA CODE)

HOME:

CELL:

HOME E-MAIL ADDRESS:

SCHOOL:

LWOP APPROVAL☐

APPROVED

CO-OP MANAGER:

DATE:

EMPLOYEE SERVICES DEPARTMENT:

DATE:

☐

DISAPPROVED